

REMARKS

In the Office Action of 19 May 2006, the Examiner rejected all of the claims.

Claims 6 and 12 were rejected under 35 USC 112, second paragraph, for the use of the word “sufficient.”

Claims 1 through 22 have been rejected under 35 USC 103(a) as being unpatentable over the Rapchak patent further in view of the Shizuka et al. publication and further in view of the Mariano et al publication.

Applicant wishes to respond as follows:

I. 35 USC 112, Second Paragraph Rejection

Applicant has cancelled all original claims and has excluded the word “sufficient” from the new claims. For this reason, it is urged that this rejection has been obviated.

II. Rejection Of Claims 1 Through 22 Under 35 USC 103(a)

Based On Rapchak, Shizuka et al. and Mariano et al. In Combination

The primary reference to Rapchak et al. teaches a medication compliant system that is significantly different from the present invention. Rapchak involves the use of a monitoring system utilizing a cell phone and transceiver operatively coupled to a controller of the medication dispensing unit. As can be seen from the figures and disclosure of Rapchak, this invention is directed to reduction of non-compliance. Rapchak does not teach the present invention, device or methodology wherein product insert and doctor or pharmacy instructions are pre-programmed into the medicine

container before the patient receives the container and wherein the aforesaid information is preloaded using wav file technology. Rapchak's system includes a cell phone and tracking of compliance and the ability to check compliance and then send an alarm signal with instructions to the patient.

While it is disclosed in Rapchak that a wav file may be retrieved and sent to the user, it is important to note that Rapchak teaches the exact opposite of the present invention device. In other words, when non-compliance is recognized and the patient is alerted, when the patient answers the cell phone, the medication controller may retrieve an audible file, such as a wav file, and it is reproduced in audible form through the cell phone or its equivalent. In the present invention, wav file instructions are sent to the medicine container and preloaded in the medicine container for speaking instructions whenever a patient elects to press the button on the container. Thus, Rapchak requires a complex monitoring and alarm system with a cell phone or equivalent. The present invention includes none of these. Rapchak relates to aiding a patient after non-compliance has occurred whereas the present invention provides the information at any time and especially before beginning medication consumption. Contrary to the present invention, Rapchak has a large dispensing unit 16 that includes the cell phone and other wired material and then one or more removable small dispensers 12 that do not contain any electronics or any of the information that the present invention containers include. Thus, an elderly patient may remove one of the Rapchak dispensers and take it anywhere (e.g. vacation or clinic) and will be left with no connection for instructions. The present invention device has all the information built in to the container and cannot be separated.

In order to distinguish all of the Rapchak components and steps that are not in the present invention, the new claims utilize “consisting of”.

The secondary reference to Shizuka et al. relates to a mail tab for electronic mail with a drop down list wherein the contents of checked boxes are converted into speech data. Applicant acknowledges the Shizuka et al. teachings but it is nonanalogous art and does not in any way overcome the shortcomings of Rapchak. Further, given the technological arrangements and the manner in which Rapchak responds to non-compliance, there is no need to include, and hence no motivation to include, the Shizuka et al. type teachings in the Rapchak system.

The teachings of the tertiary reference to Mariano et al. are acknowledged. However, Mariano does not overcome the aforesaid shortcomings of Rapchak.

While the examiner has stated that it would have been obvious to one of ordinary skill in the art at the time of invention of made to modify Rapchak’s method as claimed by Shizuka and Mariano’s method in order to provide prescription instruction to visually impaired user, a Shizuka modification to Rapchak is not needed or motivated and even if made, would still result in the Rapchak system that has the opposite arrangement and purpose with different components from the present invention. Finally, the idea that Rapchak teachings should be modified to incorporate the Mariano teachings, seems inappropriate. Both Mariano and Rapchak are independent inventions and neither contributes in any way to the other. In fact, in view of the details and complexities of the Rapchak system, modification to accommodate blind users would probably create problems for blind users rather than be of any assistance to them.

For all of the above reasons, and in view of the newly submitted claims, this triple reference-based rejection should be withdrawn.

III. Conclusion

A Petition for Extension of Time to answer, along with the statutory fee is enclosed.

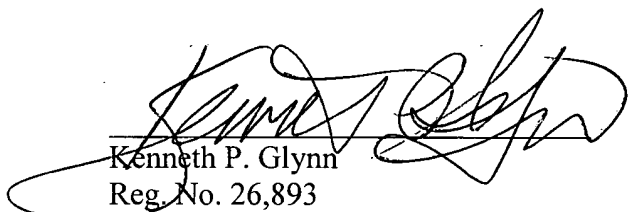
In view of the above amendments and remarks, and the Petition and fee, it is urged that claims 21 through 42 should be allowed.

Thank you.

Respectfully submitted,

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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

In re application of:

Jerome R. Mahoney

Serial No.: 10/768,930

Filing Date: 30 January 2004

For: WIRELESSLY LOADED SPEAKING
MEDICINE CONTAINER



: Examiner:

: Aung T. Win

: Group Art Unit No. 2617

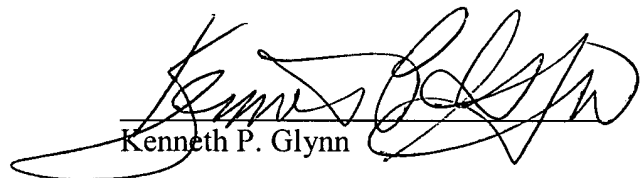
: Attorney Docket No.

: IVC-114A

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EM RRR EQ 745722400 US
(Docket No. IVC-114A)